FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549



FORM D 14/1/203

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response . . . 16.00

	SEC USE ONLY							
1	Prefix	Serial						
	1	1	_					
1	DATE RE	CEIVED	_					
1	Ţ	1						

2 ·	an amendment and name has changed, and ind Small Cap Fund series of units of	- ,	WHIL B
		-	RECEIVED
Filing Under (Check box(es) that apply	y): 🛘 Rule 504 🗘 Rule 505 🗹 Rule 506 🗀	Section 4(6) ULOE	
			Alic no
Type of Filing: ✓ New Filing ☐ Am		MINICI MICH D. M.	200 2 200
		TIFICATION DATA	E 0 100/
1 Enter the information requested abo			\\\\
Name of issuer (Coneck if this is an	amendment and name has changed, and indica	ne change.)	186 EUDI
The LCM Group Trust			
Address of Executive Offices (Number	r and Street City State Zin Code)		Telephone Number (including Area Code)
Address of Exceptive Offices (14pmoc	i and street, erry, state, zip code)		reseptione (values (including Area Code)
I Roston Place Roston MA	e, National Association, Trustee, 4 02108 ons (Number and Street, City, State, Zip Code	·	Telephone Number (Including Area Code)
Brief Description of Business	 		
	•	SEP 0 6 2007	<u>t</u>
Investment Fund		OF O D SON	
Type of Business Organization	;	THOMCOM	
☐ corporation	limited partnership, already formed	THOMSON -	other (please specify): Statutory Trust
☐ business trust	☐ limited partnership, to be formed	FINANCIAL	
		Month	Year
Actual or Estimated Date of Incorpora	tion or Organization:	0 9	_
Jurisdiction of Incorporation or Organ	ization: (Enter two-letter U.S. Postal Service a	bbreviation for State;	
,	CN for Canada; FN for other foreign		
	- Tot Camada, 111 tot Other Miles	,, — 1111	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - · Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(cs) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer and President	☑ Trustee	☐ General and/or Managing Partner Managing Membe
Full Name (Last name first,	if individual)				ivianaging ivienioe
Mellon Trust of New					
Business or Residence Addi	ess (Number and St	reet, City, State, Zip Code)			
1 Boston Place, Bost			· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	☐ Promoter	☑ Sponsor	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first.	if individual)				
Lotsoff Capital Mana	igement				
Business or Residence Add	ess (Number and St	reet, City, State, Zip Code)			
20 North Clark Stree	t, 34 th Floor, Cl	nicago, IL 60602			
Check Box(es) that Apply:		☐ Beneficial Owner	☐Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	□Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first.	if individual)				
Business or Residence Add	ess (Number and St	reet, City, State, Zip Code)	··	, <u> </u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Add	ess (Number and St	reet, City, State, Zip Code)		<u>, , , , , , , , , , , , , , , , , , , </u>	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first.	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partne
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and St	reet, City, State, Zip Code)			

							B. II	NFO:	RMA	OIT	N AF	BOUT (OFFERING				
I. Has	the iss	uer sold	or does	the issu	er inten	d to sell	, to non	-accred	ited inv	estors i	n this of	Tering?			Y.	es]	No ☑
						Ansv	ver also	in App	endix, (Column	2. if fili	ng under U	JLOE.				
2. What is the minimum investment that will be accepted from any individual?						S	\$2,000,000.00										
3. Do	es the o	ffering	permit j	oint own	ership o	fa sing	le unit?								Y V	es]	No □
p a	urchase nd/or w	rs in co ith a sta	nnectio te or sta	n with sa	ales of s the name	ecuritie e of the	s in the broker	offerin	g. If a	person (to be lis	ted is an a	or indirectly, any cor associated person or so be listed are associ	agent of a bro	ker or dealer re	gistered	with the SEC
Full N	lame (1.	ast пал	e first,	if individ	iuai)							<u> </u>					
Busin	ess or R	esiden	e Addr	ess (Num	iber and	Street,	City, St	ate, Zip	Code)					_			
Name	of Asso	ociated	Broker	or Dealer	<u></u> г			=					<u> </u>				
				d Has So										A 11 C			
				[CA]								[ID]	0	All States			
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]					
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]					
[RI]	[SC]	[SD]	[TN]	[TX]	[[1]	[VT]	[VA]	[WA]	[WV]	[WI]	(WY)	[PR]					•
Full N	ame (L	ast nam	e first,	if individ	lual)			_									
Busin	ess or R	esidenc	e Addre	ess (Num	iber and	Street,	City, St	ate, Zip	Code)								
Name	of Ass	ociated	Broker	or Dealer	<u></u>	. <u>.</u>											
				d Has So													
				individu [CA]								[ID]	🖸	All States			
[IL]	[IN]	[IA]		[KY]			[MD]					[MO]					
[MT]	[NE]	[NV]	[NH]	[נא]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]					
[RI]	[SC]	[SD]	[TN]	[TX]	נעדן	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]					
Full N	ame (L	ast nam	e first, i	f individ	lual)	· · · · · · · · · · · · · · · · · · ·	<u>-</u>										
Busin	ess or R	esidenc	e Addre	ss (Num	iber and	Street,	City, St	tate, Zip	Code)			···					
Name	of Asse	ociated	Broker	or Dealer	<u></u>		•										
				d Has So		or Inten	ds to So	olicit Po	rchaser	s							
(Chec	k "All S	States" o	r check		ıal State	s)								All States			
	[IN]	[IA]	[KS]	[KY]			[MD]										
		[NV]		•			[NC]			- •							
[RI]	(SC)		[TN]				[VA]		- •	• •	•	` •					
11	(JC)	[20]	(- · · ·)	()	[41]	[]	[]	[]	[""]	(***)	[]	(1.17)					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount

	Aggregate	Amount Already
	Offering Price	Sold
Debt	· · · · · · · · · · · · · · · · · · ·	S
Equity	\$	s
☐ Common ☐ Preferred		
Convertible Securities (including warrants)		s
Partnership Interests	·	S
Other (Specify_series of units of participation of Trust	\$ <u>1,000,000,000</u> *	\$ <u>93,830,137.4</u>
Total	\$ <u>1,000,000,000</u> *	\$ <u>93,830,137.4</u>
Answer also in Appendix, Column 3, if filing under ULOE		
This amount is an estimate. There is no maximum amount to be raised.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number	Aggregate
	Investors	Dollar Amount of Purchases
Accredited Investors	17	\$ <u>93,830,</u> 137.4
Non-accredited Investors		S
Total (for filings under Rule 504 only)		s
Answer also in Appendix, Column 4, if filing under ULOE		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
	•	
Rule 505		s
Regulation A		\$
Rule 504		\$
Total		s
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		s
Printing and Engraving Costs		s
		s
Legal Fees	_	S
Legal Fees		s
Legal Fees		s
Legal Fees		

^{**}Offering expenses to be paid by the Investment Manager without reimbursement by the Issuer.

C. OFFERING PRICE, N	UMBER OF INVESTORS, EX	(PENSES AND I	USE OF PROCEEDS
b. Enter the difference between the aggregate off Ouestion 1 and total expenses furnished in res			\$1,000,000,000.00*
is the "adjusted gross proceeds to the issuer.".			
5. Indicate below the amount of the adjusted gross proused for each of the purposes shown. If the amount an estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issultion 4.b. above.	nt for any purpose is not known, furnish imate. The total of the payments listed		
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ s	□ \$
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation	of machinery and equipment	□ s	□ s
Construction or leasing of plant buildings	and facilities	□ s	□ s
Acquisition of other businesses (including offering that may be used in exchange for			
pursuant to a merger		□ s	□ s
Repayment of indebtedness		□ s	□ s
Working capital		□ \$	Ճ \$ <u>1,000,000,000.00•</u>
Other (specify)		□ s	□ s
		_	_
		_ s	□ s
·		□ s	☑ \$ <u>1,000,000,000.00*</u>
Total Payments Listed (column totals add	ed),	☑	\$ <u>1,000,000,000.00</u> *
This amount is an estimate. There is no maximum	amount to be raised.		
	D. FEDERAL SIGNAT	URE	
The issuer has duly caused this notice to be signed by			
undertaking by the issuer to furnish to the U.S. Se non-accredited investor pursuant to paragraph (b) (2)	curities and Exchange Commission, upon writ		
Issuer (Print or Type)	Signature	Date	
The LCM Group Trust	I VI I TUMIN	1 Days	UA ZZ 7007-
Name of Signer (Print or Type)	Title of Signer (Print or Type)		72,700,1
Rich DeMatteo	Managing Director of Lotsoff Cap for The LCM Group Trust	oital Management, S	Sponsor and Investment Manager
			TRI
			END
	ATTENTION		
Intentional misstatements or omissions of fact con	stitute federal criminal violations. (See 18 I)	S.C. 1001.)	
or our and or our and or last con	The state of the s	71-V-1-VVII)	